



University of the Witwatersrand
Department of Paediatrics and Child Health

**BIRTH TO TWENTY MOBILE TEAM: 15TH YEAR
CAREGIVER QUESTIONNAIRE**

DATE : Day Month Year

BTT ID NUMBER :

BONE STUDY ID NUMBER :

Consent Table

Components	Yes	No
Adolescent Questionnaires		
Adolescent Urine Test		
Adolescent Photograph		
Global Positioning Satellite Coordinates		
Caregiver Questionnaire		
Caregiver Residential Moves Questionnaire		

INFORMED CONSENT

I agree to my child being a participant in the Birth to Twenty.

The details of Birth to Twenty are clear to me.

I understand that the study will involve testing urine and blood samples and all the details and purposes of these tests have been explained to me.

I agree to participation in the study on the condition that:

1. The Committee for Research on Human Subjects at the University of the Witwatersrand has approved the study protocol and procedures.
2. All results will be treated with the strictest confidentiality.
3. Only group results, and not my/my child's individual results, will be published in scientific and professional journals.
4. The scientific team will do all they can to maintain my comfort and dignity.
5. I/my child can withdraw from the study at any time if the procedures are not comfortable, and that no adverse consequences will follow on withdrawal from the study.
6. As a parent or caregiver, I will receive a referral note to a health service if any result is out of the normal range or a problem is detected in the course of the study.

Parent/Caregiver _____ Date _____

Youth participant _____ Date _____

Research assistant _____ Date _____

There are 2 questionnaires that we are going to work through together; it will take about 30 minutes.

The FIRST questionnaire has two sections. In the first section we will talk about food availability, and in the second section about the school your child goes to. The SECOND questionnaire we will recollect the various moves your family has made over the past 15 years.

Let us begin.

Please answer the following questions	YES	NO
Do your household members ever need to eat less expensive types of food because there is not enough money? (beans instead of meat etc)		
Do your HH members ever need to eat less expensive brands of the same food because there is not enough money to buy the food item of choice? (Impala mealie meal instead of a more expensive brand)		
Do your HH members ever need to eat food of a poor quality? (Old onions or potatoes)		
Does your HH ever run out of money to buy food?		
Do your HH members ever eat less than they should because there is not enough food to eat?		
Do your children ever eat less than they should because there is not enough food to eat?		
Do your HH members ever have to skip meals because there is not enough food?		
Do your children ever have to skip meals because there is not enough food?		
Do any of your children ever go to bed hungry because there is no food in the house?		

Please think about the past 6 months, how often has someone in your household gone without enough food to eat because there is not enough money for food?

Please tick the appropriate block	
Every day	
Every week	
Every second week / twice a month	
Once a month	
It happens, but less than 2x in the past 6 months	
Never	

Section 2 Housing

Question 2.1

How would you describe the house the **CHILD** is living in?

1	Shack/Zozo	3	House	5	Shared house
2	Flat/Cottage	4	Hostel	6	Room/Garage

2.1.1 If the family resides in a **HOUSE**, is it a **RDP House**?

1.	YES	2.	No	3.	N/A
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2.1.2 If the family resides in a **SHACK/ZOZO** is this located in an **Informal Settlement**?

1.	YES	2.	No	3.	N/A
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SCHOOL INFORMATION

Name of school:

School address
(NB - Suburb)

Present Grade:

School type:

Primary School	High School
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Register teacher:

Teacher questionnaire and school report request form signed by caregiver:

Y	N
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If NO, why not?

FATHERHOOD QUESTIONNAIRE

Has the fatherhood questionnaire been dispatched (see contact sheet)?

<i>Y</i>	<i>N</i>
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NOTES

Research Assistant name:

Date:

Quality checked by:

Date: